Project Code / Contract # / FIN: 113663

April 10, 2019

Page 1 of 4



## WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR: Imperial Stone Sub To: Knight LLC dba Knight Solution Subcontractor to Knight LLC dba Knight	s				SPECI	ALTYL	RSLICE ICENSE I XID#: 46	No.		303		ADDRESS : PHONE 410 EMAIL	0-379-0303	ill Drive, Suite C	-	21075		District of Co	OCATION/ CO olumbia Statew ER MEMORIA	ide, DC / 1136	563 / 113663 - (	CLARK -	
PAYROLL No. 1a		FOR WEEK ENDING: SUBMITTED ON: April				МС	OTOR CAL	RRIER P	ERMIT1	No.	UNION Non-Union		SURED CERT	TIFICATE No.				WAGE DEC	ISION DC170	0002 Mod 3 05	5/05/2017		
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			H	IOURS	WORKED	EACH	DAY		TOTAL HOURS	BASE HOURLY RATE		AMOUNT ARNED			I	DEDUCTION .	CONTRIBUT	ION AND PA	YMENTS		
(b) (6) (b)	EXI	LABORER / Skilled / Type: Building		11/25/18	11/26/18 M	11/27/18	11/28/18 W	11/29/18 TH	11/30/18	12/1/18	TOTAL HOURS THIS	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social	Medicare	State Tax	Local Taxes	Other	Savings	Total	Check
, (b) (6) <sup>4</sup>	(b) (6) 4								6.50	s	PROJECT 21.00	(b		(b)	Vac Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC Male	(	District of Columbia Statewide, WD DC170002	O D									(4)		(4)	(b) (4)	Subs.	& Welfare		Holiday			Paid to 3rd	Week
All or Part of F NO	ninges P	aid to Employee Vacation	Holida	rv and Dr	ies in Gro	ss Pav	NO	•	•			Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Da
140		Gross Pay							(b)(4)											2/14/18			

#### OTHER DEDUCTION NOTES Health Insurance

(b) (6) (b)		EX	BRICKLAYER / Bricklayer / Type: Building		11/25/18	11/26/18	11/27/18	11/28/18	11/29/18	11/30/18	12/1/18	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check
,		EM			S	M	T	w	TH	F	s	PROJECT	OF PAY	1100201	11002010	(b) (4)	,			7 022			Deducation	140.
,	(b) (6)	P.		s				6.50	8.25	7.25		22.00	\ (b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC		_	District of Columbia Statewide.	o										(b)	\		Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male		WD DC170002	D									<b>(4</b> )	(**)		(b) (4)									
	All or Part of Fringes Paid to Employee												Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Pate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
	NO Voluntary Contributions in Gross Pay NO												(b) (4)					rane	rate	ruite		2410		12/14/18

#### OTHER DEDUCTION NOTES Health Isurance

(b) (6) (b)		EX	LABORER / Common Or General / Type: Building		11/25/18	11/26/18	11/27/18	11/28/18	11/29/18	11/30/18	12/1/18	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
,		EM			S	M	T	w	TH	F	S	PROJECT	OF PAY	1103201	111032015	(b) (4)	,			7 0.01			Detactor	140.
,	(b) (6)	Ţ		s				7.00	8.00	7.50		22.50	(b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC		_	District of Columbia Statewide.	О									)	(b)	. ,		Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male		U	WD DC170002	D									(4)	()		(b) (4)								
	All or Part of Fringes Paid to Employee												Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
	NO Vacation, Holiday and Dues in Gross Pay NO Voluntary Contributions in Gross Pay NO												(b) (4)				·						0.00	12/14/18

OTHER DEDUCTION NOTES Health insurance

																					Project	Code / Contract #	# / FIN: 11366	3
b) (6) b)	E	LABORER / Common Or General / Type: Building		11/25/18	11/26/18	11/27/18	11/28/18	11/29/18	11/30/18	12/1/18	TOTAL HOURS THIS	BASE HOURLY —RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check	l
-,	ÉMI			S	M	T	W	TH	F.	S	PROJECT	OF PAY	PROJECT	PROJECTS	(b) (4)	Decumy			SIII			Demicion	NA	
(b) (6)	1 4		S				6.50	8.00	7.00		21.50	(b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid	
HISPANIC		District of Columbia Statewide.	О									)	(b)			Subs.	& Welfare		Holiday			Paid to 3rd	Week	1
Male		WD DC170002	D									<b>(4)</b>	` '		(b) (4)									
All or Part of	Fringes F	Paid to Employee										Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date	1
NO		Vacation I Voluntary Co					NO				(	b) (4)							-				2/14/18	l

OTHER DEDUCTION NOTES Health Insurane

TOTAL STANDARD HOURS :	87.00	TOTAL 1.5 OT HOURS:	0.00	TOTAL 20 OT HOURS:	0.00	GRAND TOTAL HOURS:	87.00
I O IAL STANDARD HOURS:	07.00	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	07.00

#### Project Code / Contract # / FIN: 113663

### Date Wednesday, April 10, 2019

- I, Christopher Stark, President do hereby state:
- (1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 CLARK EISENHOWER MEMORIAL; that during the payroll period commencing on 11/25/2018 and ending on 12/1/2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Statement of Compliance

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4)That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- [] in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit
- of such employees, except as noted in section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [X] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
- (c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: 4103790303

NAME: Christopher Stark

TITLE: President

## Electronic Signature Code. (b) (6)

Project Code / Contract # / FIN: 113663

### **Other Deductions Notes**

Employee Name	Craft	Classification	Other Deduction Notes
(b) (6)	LABORER	Skilled	Health Insurance
	BRICKLAYER	Bricklayer	Health Isurance
	LABORER	Common Or General	Health insurance
	LABORER	Common Or General	Health Insurane

For week ending on: December 08, 2018

Payroll Number: 2

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 12/2/2018 and ending on 12/8/2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: December 15, 2018

Payroll Number: 3a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 12/9/2018 and ending on 12/15/2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Electronic Signature Code: (b) (6)

For week ending on: December 22, 2018

Payroll Number: 4a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 12/16/2018 and ending on 12/22/2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: December 29, 2018

Payroll Number: 5a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 12/23/2018 and ending on 12/29/2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: January 05, 2019

Payroll Number: 6a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 12/30/2018 and ending on 1/5/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: January 12, 2019

Payroll Number: 7a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 1/6/2019 and ending on 1/12/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Electronic Signature Code:(b) (6)

For week ending on: January 19, 2019

Payroll Number: 8aa

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 1/13/2019 and ending on 1/19/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: January 26, 2019

Payroll Number: 9a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 1/20/2019 and ending on 1/26/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Electronic Signature Code: (b) (6)

For week ending on: February 02, 2019

Payroll Number: 10a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 1/27/2019 and ending on 2/2/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: February 09, 2019

Payroll Number: 11a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 2/3/2019 and ending on 2/9/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: February 16, 2019

Payroll Number: 12a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 2/10/2019 and ending on 2/16/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: February 23, 2019

Payroll Number: 13a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 2/17/2019 and ending on 2/23/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

Project Code / Contract # / FIN: 113663

April 10, 2019

Page 1 of 4



## WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR: Imperial Stone Sub To: Knight LLC dba Knight Solution Subcontractor to Knight LLC dba Knight	s				SPECI	ALTYL	RS LICE ICENSE I	No.		0303		PHONE 41	0-379-0303	ill Drive, Suite C	-	D 21075		District of Co	OCATION/ CO olumbia Statewi ER MEMORIA	de, DC / 1136	663 / 113663 -	CLARK -	
PAYROLL No. 14a		FOR WEEK ENDING: SUBMITTED ON: April			•	МС	OTOR CA	RRIER F	PERMIT	No.	UNION Non-Union		SURED CERT	TIFICATE No.				WAGE DEC	ISION DC170	002 Mod 3 05	5/05/2017		
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE	,		1	HOURS	WORKEI	DEACH	DAY		TOTAL HOURS	BASE HOURLY RATE	1	AMOUNT RNED			Б	EDUCTION .	CONTRIBUTI	ON AND PA	YMENTS		
(b) (6) (b)	EX.	LABORER / Skilled / Type: Building		2/24/19	2/25/19	2/26/19	2/27/19	2/28/19	3/1/19	3/2/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
,	EMP		\	S	M	T	W	TH	F	S	PROJECT	OF PAY			(b) (4)								
(b) (6)	-		S					8.00			8.00	(1)		(b)	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes	Net Paid
HISPANIC		District of Columbia Statewide,	0		1							)=	(b)			Subs.	& Weitare		Honday			Paid to 3rd	Week
Male		WD DC170002	D									(4)	\ \ /		(D) (4)								
	All or Part of Fringes Paid to Employee									`		Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Dat
NO		tues in Gro Gross Pay		MO					(b) (4)											3/8/19			

#### OTHER DEDUCTION NOTES Health Insurance

(b) (6) (b)		EX	BRICKLAYER / Bricklayer / Type: Building		2/24/19	2/25/19	2/26/19	2/27/19	2/28/19	3/1/19	3/2/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
, ,		×			S	M	T	w	TH	F	S	PROJECT	OF PAY			(b) (4)								210.
,	(b) (C)	P		s					8.25			8.25	(b	1	(b)	(-)(-)								
	(b) (6)		_	_										1	(-)	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
HISPANIC		3	District of Columbia Statewide,	0										(b)		(1-) (4)	_			,			1414 10 314	ween
Male			WD DC170002	D									(4)	()		(b) (4)								
	All or Part of Fringes Paid to Employee									•			Rate in Lieu	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H&W	Pension	Vac Hol	Training	All Other	Total Fringe	Payroll
	NO Vacation, Holiday and Dues in Gross Pay NO												of Fringes:	of Fringes	Rate Fringes	Pension	Medical	Rate	Rate	Rate	Rate	Rate	Rate to 3rd	Payment Date
	NO Vacation, Holiday and Dues in Gross Pay NO Voluntary Contributions in Gross Pay NO												(b) (4)											3/8/19

#### OTHER DEDUCTION NOTES Health Insurance

(b) (6) (b)	EX	LABORER / Common Or General / Type: Building		2/24/19		2/26/19	_	+-	3/1/19	3/2/19	TOTAL HOURS THIS	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
	EMP			S	M	T	W	TH	F	S	PROJECT	OF PAY	1		(b) (4)								
(b) (6)	1	1	S					8.75			8.75	(b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC	· -	District of Columbia Statewide.	o										(h)	` '		Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male		WD DC170002	D									(4)	(-)		(b) (4)								
All or Pa	All or Part of Fringes Paid to Employee											Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
NO	T - T - T - T - T - T - T - T - T - T -											(b) (4)		- Images			autic	2-dit	adite			Parie 10 310	3/8/18

OTHER DEDUCTION NOTES Health Insurance

Project Code / Contract # / FIN: 113663

(b) (6) (b)	E)	LABORER / Common Or General / Type: Building		2/24/19	2/25/19	2/26/19	2/27/19	2/28/19	3/1/19	3/2/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check
	É			S	M	T	W	TH	_ F_	S	PROJECT	OF PAY	PROJECT	PROJECTS	(b) (4)	Becamy			/ 5D1			Deduction	No
(b) (6)	PT		S					8.75			8.75	(b	1	(b)	( · / ( )		77 14	ъ .	11	Training	All Other		
		_	0										//->	(-)	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Iraining	All Other	Total Fringes Paid to 3rd	Net Paid Week
HISPANIC Male	1	District of Columbia Statewide,	-									/A)	(b)		(b) (4)								
Wate		WD DC170002	ь							-		Rate in Lieu	Total in Lieu	Total Base	Voluntary	Voluntary	H & W	n .	11 11 1	Training	All Other	m . 1 m ·	Payroll
	ringes Pa	aid to Employee										of Fringes:	of Fringes	Rate Fringes	Pension	Medical	H & W Rate	Pension Rate	Vac Hol Rate	Rate	Rate	Total Fringe Rate to 3rd	Payment Date
NO		Vacation H Voluntary Cor					NO					(b) (4)											3/8/19

OTHER DEDUCTION NOTES Health Insurance

TOTAL STANDARD HOURS :	33.75	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	33.75	

#### Project Code / Contract # / FIN: 113663

#### Statement of Compliance

Date Wednesday, April 10, 2019

- I, Christopher Stark, President do hereby state:
- (1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 CLARK EISENHOWER MEMORIAL; that during the payroll period commencing on 2/24/2019 and ending on 3/2/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4)That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- [] in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit
- of such employees, except as noted in section 4(c) below. (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [X] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
- (c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: 4103790303

NAME: Christopher Stark

TITLE: **President** 

Electronic Signature Code: (b) (6)

### **Other Deductions Notes**

Employee Name	<u>Craft</u>	Classification	Other Deduction Notes
(b) (6)	LABORER	Skilled	Health Insurance
	BRICKLAYER	Bricklayer	Health Insurance
	LABORER	Common Or General	Health Insurance
	LABORER	Common Or General	Health Insurance

For week ending on: March 09, 2019

Payroll Number: 15a

Date 4/10/2019 12:00:00AM

**Project:** 

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

**Contractor:** 

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 3/3/2019 and ending on 3/9/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Flootronic Cinnoture Code

Electronic Signature Code: (b) (6)

For week ending on: March 16, 2019

Payroll Number: 16a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 3/10/2019 and ending on 3/16/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

Project Code / Contract # / FIN: 113663

April 10, 2019

Page 1 of 4



## WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR: Imperial Stone Sub To: Knight LLC dba Knight Solution Subcontractor to Knight LLC dba Knight	S					ALTYLI	RS LICE CENSE 1 K ID#:	Vo.		0303		PHONE 41	0-379-0303	ill Drive, Suite C	-	21075		District of Co	OCATION/ COl lumbia Statewi ER MEMORIA	de, DC / 1136	63 / 113663 - 0	CLARK -	
PAYROLL No. 17a		FOR WEEK ENDING: ( SUBMITTED ON: April				MO	TOR CA	RRIER I	PERMIT	No.	UNION Non-Union		SURED CERT	TFICATE No.				WAGE DEC	ISION DC170	002 Mod 3 05	/05/2017		
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			Н	OURS V	VORKEI	EACH	DAY		TOTAL HOURS	BASE HOURLY RATE		AMOUNT RNED			Б	EDUCTION .	CONTRIBUTI	ON AND PAY	MENTS		
(b) (6) (b)	EX	LABORER / Skilled / Type: Building		3/17/19	3/18/19	3/19/19	3/20/19	3/21/19	3/22/19	3/23/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
,	EMP			S	M	T	W	TH	F	S	PROJECT	OF PAY		-	(b) (4)								
(b) (6)	-		s		10.25	8.50					18.75	(l)	//	(b)	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
HISPANIC Male	0	District of Columbia Statewide, WD DC170002	D									(4)	(b)		(b) (4)								
	ninges P	aid to Employee Vacation 1	7-1:3-		· i C		10		1			Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
NO		Vacation 1 Voluntary Co					WO					b) (4)											4/5/19

#### OTHER DEDUCTION NOTES Health Insurance

(b) (6) Emp_Id:		EX	BRICKLAYER / Bricklayer / Type: Building		3/17/19	3/18/19	3/19/19	3/20/19	3/21/19	3/22/19	3/23/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check
`		EM			S	M	T	w	TH	F	s	PROJECT	OF PAY	110,201	11032015	(b) (4)								
,	(b) (6)	4		s		11.50	8.50					20.00	(b	]	(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC		2	District of Columbia Statewide.	o									( )	(b)			Subs.	& Welfare		Holiday	_		Paid to 3rd	Week
Male		,	WD DC170002	D									(4)	()		(b) (4)								
	All or Part of Frin	ges Pa						•					Rate in Lieu	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H&W	Pension P	Vac Hol	Training Rate	All Other Rate	Total Fringe	Payroll Payment Date
	NO		Vacation, H Voluntary Con	olida tribut	y and Du ions in C	ies in Gro Gross Pay	ss Pay 1	40					(b) (4)											4/5/19

#### OTHER DEDUCTION NOTES Health Insurance

(b) (6) Emp.(b)	E5	LABORER / Common Or General / Type: Building		3/17/19	3/18/19	3/19/19	3/20/19	3/21/19	3/22/19	3/23/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
(-)	E M			S	M	T	w	TH	F	S	PROJECT	OF PAY	PROJECT	PROSECTS	(b) (4)	-			7 301			Deduction	NO.
(b) (6)	ı   <sup>2</sup>		s		11.50	8.50					20.00	(b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC	· -	District of Columbia Statewide.	o									)	(h)	` '		Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male		WD DC170002	D									(4)	(-)		(b) (4)								
All or Pa	t of Fringes	Paid to Employee							•			Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
NO		Vacation, I Voluntary Co					NO					b) (4)	J			1	- anc	- 1110	- 2110			Zunc 10 Jil	4/5/19

OTHER DEDUCTION NOTES Health Insurance

-			
	Project Code /	Contract # / FIN: 113663	

(b) (6) Emp. (b)	8	LABORER / Common Or General / Type: Building		3/17/19	3/18/19	3/19/19	3/20/19	3/21/19	3/22/19	3/23/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No
(-)	E			s	M	T	w	TH	F	S	PROJECT	OF PAY	PROJECT	PRODUCTS	(b) (4)	- Table			7 301			Detaction	140.
, (b) (6)	1		s		11.50	8.50					20.00	(b	[	(b)	The Date	T	Health	Description	Vacation	Training	All Other		No. Park
		_	0										// >	()	Vac/Dues	Trav. Subs.	& Welfare	Pension	Holiday	Iraming	All Other	Total Fringes Paid to 3rd	Net Paid Week
HISPANIC Male	1	District of Columbia Statewide, WD DC170002	D										(6)		(b) (4)								
All or Part of Fr	nges P		-	-	-	-		-	-			Rate in Lieu	Total in Lieu	Total Base	Voluntary	Voluntary	H&W	Pension	Vac Hol	Training	All Other	Total Fringe	Payroll
NO NO	nges 1	Vacation I					10			-		of Fringes:	of Fringes	Rate Fringes	Pension	Medical	Rate	Rate	Rate	Rate	Rate		Payment Date
		Voluntary Cor	ntribu	tions in (	Gross Pay	NO						(D)(4)											4/5/19

#### OTHER DEDUCTION NOTES Health Insurance

TOTAL 074110 400 1101100	78.75		0.00		0.00		78.75
TOTAL STANDARD HOURS:	70.75	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	78.75

Project Code / Contract # / FIN: 113663

#### Statement of Compliance

Date Wednesday, April 10, 2019

- I, Christopher Stark, President do hereby state:
- (1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 CLARK EISENHOWER MEMORIAL; that during the payroll period commencing on 3/17/2019 and ending on 3/23/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- [] in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit
- of such employees, except as noted in section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [X] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
- (c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: 4103790303

NAME: Christopher Stark

TITLE: **President** 

Electronic Signature Code: (b) (6)

Project Code / Contract # / FIN: 113663

### **Other Deductions Notes**

Employee Name	Craft	Classification	Other Deduction Notes
(b) (6)	LABORER	Skilled	Health Insurance
	BRICKLAYER	Bricklayer	Health Insurance
	LABORER	Common Or General	Health Insurance
	LABORER	Common Or General	Health Insurance

For week ending on: March 30, 2019

Payroll Number: 18a

Date 4/10/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK -EISENHOWER MEMORIAL; that during the payroll period commencing on 3/24/2019 and ending on 3/30/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4)That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

 ${f X}$  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 ${f X}$  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: Christopher Stark TITLE: President

Electronic Signature Code: (b) (6)

For week ending on: April 06, 2019

Payroll Number: 19

Date 4/23/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 3/31/2019 and ending on 4/6/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Electronic Signature Code: (b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

31 OF THE UNITED STATES CODE.

April 23, 2019



## WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR: Imperial Stone I Sub To: Knight LLC dba Knight Solutions Subcontractor to Knight LLC dba Knight S					SPECI	ALTYI	RSLICE ICENSE: AX ID#: 4	No.		0303		PHONE 41	0-379-0303	ll Drive, Suite C		21075		District of Co	OCATION/ CO lumbia Statewi ER MEMORIA	de, DC / 1136	563 / 113663 -	CLARK -	
PAYROLL No. 20a	SOIGUQ	FOR WEEK ENDING: SUBMITTED ON: April				М	OTOR CA	RRIER I	PERMIT	No.	UNION Non-Union		SURED CERT					WAGE DEC	ISION DC170	002 Mod 3 05	5/05/2017		
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			HOURS	WORKE	DEACH	DAY	` \ .	TOTAL HOURS	BASE HOURLY RATE		AMOUNT RNED			D	EDUCTION .	CONTRIBUT	ION AND PA	YMENTS			
(b) (6) (b)	EX	BRICKLAYER / Bricklayer / Type: Building		4/7/19	4/8/19	4/9/19	4/10/19		4/12/19	4/13/19	TOTAL HOURS THIS	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
(b) (6)	EMPT		s	S	M 5.75	T	W	TH	F	S	PROJECT 5.75	(b		2,164.79	(b) (4) Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC Male	0	District of Columbia Statewide, WD DC170002	O D									(4)	236.61		(b) (4)	Subs.	& Welfare		Holiday	-,		Paid to 3rd	Week
All or Part of Fri NO	nges Pa	nid to Employee Vacation Voluntary Co					МО		•			Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Pension	Medical	H & W Rate	Pension Rate	Vac Hol Rate	Rate	Rate	Total Fringe Rate to 3rd	Payment Da 4/19/19

#### OTHER DEDUCTION NOTES Health

(b) (6) (b)	EX	LABORER / Common Or General / Type: Building		4/7/19	4/8/19	4/9/19	4/10/19	4/11/19	4/12/19	4/13/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
	EMP			S	M	T	w	TH	F	s	PROJECT	OF PAY			(b)(4)								
(b) (6)	1		S		5.75						5.75	( <b>b</b>		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC	2	District of Columbia Statewide.	o									)	(b			Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male		WD DC170002	D									(4)	(		(b) (4)								
All or Part of Fri	nges Pa	aid to Employee										Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
NO		Vacation, I Voluntary Co	loliday itribut	and Du ions in G	es in Gro Pross Pay	oss Pay NO	NO				(	b) (4)										Tune to stu	4/19/19

(b) (6) (b)	E	LABORER / Common Or General / Type: Building		4/7/19	4/8/19	4/9/19	4/10/19	4/11/19	4/12/19	4/13/19	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
,	EM			S	M	T	w	TH	F	S	PROJECT	OF PAY	1100201	11002010	(b) (4)	·			7 0.01			Detaction	140.
(b) (6)	T.		s		5.00						5.00	(b		(b) °	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
AFRICAN AMERICAN	Η,	District of Columbia Statewide.	o									)	(h	. ,		Subs.	& Welfare		Holiday			Paid to 3rd	Week
Male	'	WD DC170002	D									(4)	,		(b) (4)								
All or Part of Fringes Paid to Employee  Vacation, Holiday and Dues in Gross Pay NO										Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date		
NO		Vacation, H Voluntary Cor					NO					(b) (4)										1000	/19/19

OTHER DEDUCTION NOTES Health Insurance

																						Project	Code / Contract	# / FIN: 113663
(b) (6) (b)			LABORER / Skilled / Type: Building		4/7/19	4/8/19	4/9/19	4/10/19	4/11/19	4/12/19	4/13/19	TOTAL HOURS THIS	BASE HOURLY —RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
(3)		ÉMI			S	M	T	W	TH	F_	S	PROJECT	OF PAY	PROJECT	PROJECTS	(b) (4)				7 301			Deduction	140.
,	(b) (6)	T		S		5.75						5.75	(b		(b)	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid
HISPANIC		1	District of Columbia Statewide,	О									)	(b)			Subs.	& Welfare		Holiday	Ů		Paid to 3rd	Week
Male		1	WD DC170002	D									(4)	(-)		(b) (4)								
All or Part of Fringes Paid to Employee												Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date	
NO Vacation Holidav and Dues in Gross Pav NO Voluntary Contributions in Gross Pay NO										(	b) (4)											4/19/19		

TOTAL STANDARD HOURS :	22.25	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	22.25	

Project Code / Contract # / FIN: 113663

#### Statement of Compliance

Date Tuesday, April 23, 2019

- I, Christopher Stark, President do hereby state:
- (1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 CLARK EISENHOWER MEMORIAL; that during the payroll period commencing on 4/7/2019 and ending on 4/13/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4)That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- [] in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit
- of such employees, except as noted in section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [X] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
- (c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME: **Christopher Stark** 

TITLE: President

## Electronic Signature Code: (b) (6

Project Code / Contract # / FIN: 113663

### **Other Deductions Notes**

Employee Name

Craft

LABORER

**BRICKLAYER** 

Classification

Other Deduction Notes

Bricklayer

Common Or General

Health Insurance

Health

For week ending on: April 20, 2019

Payroll Number: 21a

Date 5/3/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

#### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 4/14/2019 and ending on 4/20/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

Electronic Signature Code: (b) (6)

For week ending on: April 27, 2019

Payroll Number: 22a

Date 5/3/2019 12:00:00AM

### **Project:**

113663 - 113663 - CLARK - EISENHOWER MEMORIAL

### **Contractor:**

4103790303 - Imperial Stone Paving Corporation



7020 Troy Hill Drive, Suite C Elkridge, MD 21075

#### CERTIFICATION FOR NON PERFORMING WEEK

I, Christopher Stark, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by IMPERIAL STONE PAVING CORPORATION on the 113663 - CLARK - EISENHOWER MEMORIAL; that during the payroll period commencing on 4/21/2019 and ending on 4/27/2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IMPERIAL STONE PAVING CORPORATION from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

Subcontractor To: Knight LLC dba

**Knight Solutions** 

All comments are in the notes on the submitted Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

  (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, ;payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS: 4103790303

NAME: <u>Christopher Stark</u> TITLE: <u>President</u>

IIILL. <u>ITEstaent</u>

Electronic Signature Code: (b) (6)